Attorney Docket No. 2577-0113PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named

	below) or an original, first a claimed and for which a pate	nd joint inventor (if	plural inventors are n			
Insert Title:	CUBIC LOGIC TOY					
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:					
Fill in Appropriate Information -	The specification was filed of	n10/31/2005	as United States Ap	pplication Number		
	and amended on	(if appl	icable) and/or			
For Use Without Specification	the specification was filed on			pplication Number	PCT/GR2004/000027	
Attached:	and was amended on				fined in Title 37, Code of America before my or our invention is also in the United State and or made the subject of United States of America (six months for designs tition has been filed in an epresentatives or assigns any foreign application(s application for patent of	
Insert Priority	20030100227	GREEC	F	05/21/2003	$\overline{\mathbf{x}}$	
Information (if appropriate)	(Number)	(Country)		nth/Day/Year File		
	(Number)	(Country)	(Mo	nth/Day/Year File	d) Yes No	
	(Number)	(Country)	(Mo	nth/Day/Year File	d) Yes No	
	(Number)	(Country)	(Mo	nth/Day/Year Filed	d) Yes No	
Insert Provisional	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.					
Application(s): (if any)	(Application Number)		(Filing Date	)		
	(Application Number) (Filing		(Filing Date)	Date)		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:					
Insert Requested Information (if appropriate)	Country	A <sub>F</sub>	plication Number	Date of Filir	ng (Month/Day/Year)	
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.					
Insert Prior U.S. Application(s): (if any)	(Application Number) (Filing Da		Date)	(Status - patented, pending, abandoned)		
. 11	(Application Number)	(Filing	Date)	(Status - patented, pending, abandoned)		

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who, first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

•							
Full Name of First	GIVEN NAME/FAMILY NAME	LINVENTURSSIGNATURE	DATE*				
or Sole Inventor: Insert Name of	Panayotis VERDES	1 3 3					
Inventor →	Tallayolis VERDES		11/30/05				
Document is Signed	Residence (City, State & Country)	<del></del>	CITIZENSHIP				
Insert Residence	New Tiryntha, Nafplio, Greece	1					
			Greece				
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) Next to Hotel Amalia; GR-211 00 New Tiryntha, Nafplio; GREECE						
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	MALLING ADDICES (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
	MALLING ADDRESS (Co. 114 Co. 14 Co. 1						
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
	MAILING ADDDECC (Complete Character Address	L					
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)						

\*DATE OF SIGNATURE